MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

CLAIMS	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
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CLAIMS	AS FILED IND	AS FILED DEP	AFTER 1ST AMENDMENT IND	AFTER 1ST AMENDMENT DEP	AFTER 2ND AMENDMENT IND	AFTER 2ND AMENDMENT DEP
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TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS